



New patient / new client registration

Owner name: E-mail address:

Address:

Address line 2 (optional):

City: State: Zip code:

Cell phone number: Home phone: Work phone:

Partner's name: Partner's phone number:

List of people authorized to make medical and financial decisions on behalf of your pet. Please include phone numbers if not already listed above:

List every veterinarian you have visited in the past year, as well as any others that have pertinent records. Please list hospital name:

How did you hear about us?

Do you already have an appointment scheduled?

Pet name: Age of pet when acquired: Current age:

Sex: Weight:

Reason for visit today:

Approximate date when problem started:

Problems noted:

Itchiness

Hair loss

Rash

Skin nodules/bumps

Ear infections

Other problems?

Area(s) on the body affected

Nose

Ears

Neck

Back

Rump

Tail

Front legs

Front paws

Back legs

Eyes

Chest

Abdomen

Groin

Did the condition start in one area and then spread? Please describe if so:

Is the condition:

Seasonal

Continuous

How itchy is your pet on a scale of 1-10 (10 being the worst)?

Comments on itchiness:

What other pets do you have?

Do you have any other pets with skin disease?

Do you have any other person in your household with skin problems?

Do your pet's littermates or parents have skin problems? If yes, explain:

Do you have concerns regarding your pet's energy level, appetite, urination/defecation frequency/amount/type, sneezing, vomiting/diarrhea, or any other sign unrelated to his/her skin?

Please list your pet's current medications:

Please list medications/injections your pet has taken for his skin condition:

Did any medications help the problem? Which one?

Please list the vitamins and food supplements your pet has been given:

How often do you bathe your pet and what shampoos are used?

What other topical therapy is applied?

What is your pet's current diet, including treats?

How long has your pet been on this diet?

Does your pet have any other disease that we should be aware of?

I hereby authorize the staff of Unleashed Veterinary Dermatology to examine and treat my pet. I assume responsibility for all fees incurred in the care of my pet and understand that these charges must be paid in full when services are rendered. All charges will be presented to the client for approval before they are incurred. Unleashed Veterinary Dermatology accepts all major credit cards, as well as checks, Care Credit, and cash. I also affirm that I am the owner or an authorized agent of the above animal's owner.

Write your name